

## Positive Psychology: A Synthesis

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### I. Introduction

Positive psychology is part of the biopsychosocial approach to human health that is gradually replacing the traditional medical model centered on disease identification and treatment (Clifton, 2004; Larson, 1996). It addresses the question of how we can reach and maintain the positive mental state associated with well-being and individual happiness. It seeks to emphasize positive emotion, motivation, optimism, hope and “flow” (Csikszentmihalyi, 1990) in our ways of being and relating, and to reduce the negative emotions and behaviors which are the characteristics of pessimism, depression, and despair (Haslam, Bain, & Neal, 2004). Positive psychology, as a field of study and application, includes research on the genesis and effects of positive emotions, the strengths and virtues that form a positive character, and positive institutions that best support its development (Seligman & Csikszentmihalyi, 2000). It integrates an understanding of human emotions with the cognitive and social aspects of behavior (Simonton & Baumeister, 2005).

### II. The Origins of Positive Psychology

Prior to the introduction of positive psychology, researchers had studied Eastern philosophy and religious beliefs and investigated whether they may provide a path toward a meaningful life, fulfillment, well-being and long-lasting personal happiness (Rinpoche & Mullen, 2005). Many ideas espoused by Buddhism on the attainment of happiness find their counterpart in positive psychology (Chua, 2003). For example, Western observers had noted that Tibetan monks who meditated for long hours with a smile on their lips appeared to be very

happy. Studies by Paty et al. (1978), Jevning et al. (1996), and Zhang et al. (2000) on cerebral activity during meditation determined that zones of the brain connected with feelings of joy had a greater increase in activity than in the brains of people who were simply focusing on pleasant thoughts. This indicated a correlation between deep meditation and positive emotions (Trupp, 2003).

Kabat-Zinn (2003) and others developed the practice of mindfulness by adapting Buddhist meditation and focusing techniques. A growing body of evidence indicates that brain structures may be modified by the sustained practice of mindfulness (Davidson, Kabat-Zinn, Schumacher, Rosenkranz, Muller, Santorelli, Urbanowski, Harrington, Bonus, & Sheridan, 2003; LaBerge, 1995; Schwartz, Gulliford, Stier, & Thienemann, 2005; Travis & Arenander, 2004). Bryant and Verhoff developed the practice of savoring, which is similarly based on the Buddhist concept of mindful attention (Delmonte, 1987). Psychiatrist Howard Cutler and the Dalai Lama, highest religious authority in Buddhism, coauthored a book entitled *The Art of Happiness* (Lama & Cutler, 1998), in which they illustrate that although happiness does not appear to be an innate characteristic of the human condition, thanks to brain plasticity it can be increased by mental training. These and other ideas on mental training, psychoeducation, the power of meditation, and mindfulness provided a substrate in which positive psychology could flourish.

Positive psychology emerged in the 1990's in a Western worldview dominated by the Platonic ideal of perfection. This view, first presented by Plato in the V century BCE (Brett, 1912), posits that somewhere there is a perfect ideal, a model of excellence to which all must conform (de Boer, 1972; Pelaez, 1997). Most people today share a culturally mediated view of the perfect person, against whom we continuously compare others and ourselves. Advertisers create and exploit our need to conform to this model of cultural perfection in all aspects of our

existence (Harrison, 2003; Wan, 2002). We are constantly subjected to visual stimuli which promise that the purchase of certain products will provide us with the perfect life style. Some of the unwanted results of this heavily promoted ideal of excellence are the neurotic search for physical beauty, associated with nutrition disorders such as anorexia, bulimia and near-constant dieting in women (Clark, 1998; Rudd & Lennon, 1999; Sarwer & Crerand, 2004); physical strength and endurance, associated with the use of steroids and other performance-boosting chemicals in male athletes (Cole, Smith, Halford, & Wagstaff, 2003; Lenahan, 2003; Pope & Katz, 2003; Schwerin, Corcoran, LaFleur, Fisher, Patterson, & Olrich, 1997; Trenton & Currier, 2005); and youthful appearance, associated with the aberrations of serial plastic surgery in both sexes (Askegaard, Gertsen, & Langer, 2002; Cash, 2006; Cashion, 2001; Koda, Fukuyama, Nishiwaki, Ishigooka, & et al., 1994; Pruzinsky & Edgerton, 1990). The compulsion to be successful and to achieve the perfect life style with the right bank account balance, classic manifestations of workaholism and type-A personality, has been associated with myocardial infarction and many stress-induced diseases (Cassidy & Dhillon, 1997; Keegan, Sinha, Merriman, & Shipley, 1979; Ragland & Brand, 1988; Stevens, Turner, Rhodewalt, & Talbot, 1984).

The incapacity to reach perfection, such as it may be perceived, can result in a devaluation of self-worth, with the attending scourges of low self-esteem, depression, and suicide (Vincent, Boddana, & MacLeod, 2004). In spite of the obvious health consequences of this compulsion to achieve, the exaltation of the self and of personal success as the most legitimate goal has nearly become a divine right (Diener & Seligman, 2006).

When the Platonic ideal of perfection is applied to personality and to mental states, we often employ the terms *healthy*, *balanced*, *adjusted*, *stable*, and *mature* to describe the most

normative emotions, behaviors and habitual responses (Librán & Howard, 2006). In so doing, we may promote the belief that there is a state of perfect happiness and of psychological balance, toward which all should strive. We may also encourage the assumption that what does not correspond to this perfect state indicates a failure by the person to live up to expectations. Moreover, we are culturally indoctrinated by a democracy which makes us believe that we have the inherent right to be happy, fulfilled, and attain the perfect model of life (Gragnotati & Stupak, 2002). This state is regarded as the most desirable, the apogee of all our efforts. The impossibility to reach this perfect state can cause disillusionment, dissatisfaction, physical health problems and mental disorders such as depression. Our motivation, and the behavior which results from it, may thus be dominated by neurotic needs to avoid imperfection.

Positive psychology introduced the idea that imperfection, failure, setbacks and a negative outlook are a state of mind instead of a pathological state of being, and that mental health and authentic happiness are often a matter of individual choice (Gable & Haidt, 2005). People who struggle for success, good health, comfortable lifestyle, stress-free work, fulfillment, and a sense of well-being can find in positive psychology a tested methodology, proven to bring about and maintain positive change (Dieser, 2005), with benefits that accrue not only to the individual but also to families (Caprara & Steca, 2006), business organizations (Gavin & Mason, 2004; Martin, 2004), local communities (Lloyd & Atella, 2000), and toward the creation of a better world.

The theoretical framework of positive psychology is built on over 100 years of research on the functioning and motivations of the human mind; the possibility of conscious change in one's ways of thinking and behaving, such as in learning optimism (Melnick & Nevis, 2005; Seligman, 2006); the recognition of the key role of emotions in the triggering of conditioned

responses, such as anger (Hart & Hittner, 1995); the realization that although impermanence and suffering are the daily bane of human existence, change is possible; and the belief that positive change is something that each person can create for oneself, using the strengths and virtues that each possesses (Hannush, 2005; Seligman, 2003).

### III. Principal Contributors

The beginnings of positive psychology can be traced to Seligman (1992), who researched pessimism and optimism, and Csikszentmihalyi (1990), who studied the phenomenon of flow in creative endeavors. The work of Seligman on pessimism showed a strong correlation between pessimistic outlook, depression and a weakened immune system. The most striking characteristic of pessimists is their belief that unfavorable situations will last and that they are their fault. They are generally more careful in taking risk than optimists are, and they will devote significantly more time in arriving at important decisions (Carver & Scheier, 2002; Seligman, 1994).

Seligman sought a method which could be employed to thwart this tendency and promote optimism and, by inference, a state of happiness and better health. He acknowledged that the pessimist may present with a “learned helplessness” and a self-centeredness which induces a heightened feeling of responsibility in negative situations. He proposed that it is possible to develop a “learned optimism” that considers emotions and situations objectively, includes an understanding of the role that emotions and habitual responses play in a situation, resorts consciously to an acquired optimistic explanatory model, and transcends the details of the contingent situation with a more amplified and prospective view (Seligman, 2006).

Csikszentmihalyi was originally concerned with ways that could promote greater creativity and productivity in life (Csikszentmihalyi, 2001; Nakamura & Csikszentmihalyi, 2003). He developed his theory of “flow” as a psychology of personal engagement, or intense

involvement in one's everyday activities (Nakamura & Csikszentmihalyi, 2002). His thesis is that the complete engagement in what we do generates in us a physical and psychic energy which fuses subjective and objective perception, in such a way that we are fully transported by the flow of what we are undertaking. He distinguishes between happiness and flow and states that, "When we are in flow we are not happy, because to perceive happiness we must concentrate on our interior states, and that would divert us from what we are doing" (Csikszentmihalyi, Abuhamdeh, & Nakamura, 2005, p. 91), a concept recently tested experimentally by Demerouti (2006).

Flow is an optimal experience which requires effort in training our spirit to perceive it and in the development of necessary skills to maintain it. According to Csikszentmihalyi (2005), the majority of people prefer to watch television, or fall in a state of apathy and relaxation perhaps induced by drugs or alcohol. Csikszentmihalyi gives little currency to these artificial states of happiness, stressing how much they depend on mood and circumstances.

In a survey that asked Americans if they were able to immerse themselves into some activity to the point that nothing else mattered and they lost all notion of time, 20% responded that this happened to them often. When the same question was put to Germans, 23% responded that it happened to them often, and 40% that it happened to them at least some of the time. A majority of people reported a feeling of flow when engaged in their favorite activities, such as gardening, music, cooking, driving, walking or working. It is interesting to notice that flow was seldom reported within passive leisure activities, such as watching television (Csikszentmihalyi et al., 2005). Csikszentmihalyi insists that flow requires effort, discipline, and appreciation, so that what counts are not the results but the engagement in the activity itself.

#### IV. Positive Psychology in Psychotherapy

Although psychotherapy can provide an understanding of why a person is unhappy and identify many traumas that influence adult behavior, and medication can provide immediate symptom relief, they do not necessarily “cure” the individual nor do they impart the ability to live a happy life (Argyle, 2001). Regardless of the method of intervention, the question remains as to what is likely to produce the most durable positive results. Is it sufficient to temporarily relieve distress and mitigate destructive behavior by numbing the mind with the assistance of drugs? Will spending many hours with psychotherapists, who may help people identify the reasons for their condition, also provide a long-lasting positive approach which may enable them to function in society? A long permanence on the therapist’s couch may, in fact, have the unhappy result to generate in clients a transient and fallacious feeling of safety, whereby they may come to believe that by exorcizing past traumas they will be happy forever. “The self, alas, is craftier and more twisted than that” (Csikszentmihalyi & Nakamura, 2005, p. 62).

Research in neuropsychology is giving us an increasingly thorough understanding of the ways in which the brain functions, but it has yet to provide much insight into how the mind really works. All areas of the brain which appear to be the locus of emotion have been associated with aspects of cognition (Damasio, 2004; Davidson & Irwin, 1999; Rolls, 2004). The brain circuitry which supports affect appears to be completely intermingled with that which supports cognition. This anatomical arrangement is coherent with the theory that these processes cannot be dissociated (Tugade, 2002; Tugade & Fredrickson, 2002) and that they have an impact on physical health (Salovey, Rothman, Detweiler, & Steward, 2000).

Taking advantage of the fact that these biological systems are completely intermingled is one of the most important therapeutic objectives of positive psychology. This theoretical integration is leading to a better appreciation of the relationship between cognition, emotions and

the construction of the self (Fredrickson, Mancuso, Branigan, & Tugade, 2000). The self responds with attraction or aversion to life's events and behaves according to its conditioned and learned responses (Fredrickson, Tugade, Waugh, & Larkin, 2003). The practice of positive psychology makes it possible to understand and change the way in which the mind emotionally perceives, interprets, and responds to external stimuli with the self as the central point of reference of all thoughts and behaviors (Bohart, 2002; Macleod, 2000).

This positive approach has been proven successful in the treatment of depression (Hayes, Beevers, Feldman, Laurenceau, & Perlman, 2005), which according to Seligman (2003) and Beck (2004) is largely produced by a disorder of thought. A positive psychology approach to therapy has been shown to cut short the ceaseless rumination of the mind and develop better coping skills (Folkman & Moskowitz, 2003), mitigate the lack of joy in life (Sheldon & Lyubomirsky, 2004), offer more hope (Luthans & Jensen, 2002), and encourage the person to be less self-centered and focus more on the needs of others (Hayes et al., 2005).

Whether positive psychology can efficiently make use of its principles and methodologies in diverse multicultural and socioeconomic contexts is still a subject of discussion (Lopez & Magyar-Moe, 2006; Sandage, Hill, & Vang, 2003). Nonetheless, almost twenty years of positive psychology have shown that it can make three significant contributions to the practice of psychotherapy in all socioeconomic and cultural environments. The first is in changing the concept which underlines the interplay of cognition, motivation and emotions (Rolls, 2004; Seligman, 2003); the second is in providing a methodology which promotes the improvement and the enrichment of inner experiences (Csikszentmihalyi & Nakamura, 2005; Seligman, Parks, & Steen, 2004); and the third is in expanding the benefits of its practice not only to mental health

clients, but also to anyone seeking an improvement of the capacity to face life in a more meaningful and happier way (Diener, Tamir, & Scollon, 2006; Haidt, 2006; Seligman, 2002).

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